

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		8/12/06
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number: TXR101210121413913		
3. Site Name (page 14)	Name: Target Store # 0887		
4. Site Location Information (page 14)	Street Address: 4510 Garth Road City, Town, or Village: Baytown State: TX County Name: Harris Zip Code: 77521-2124		
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 452112 B. _____ C. _____ D. _____		
7. Site Mailing Address (page 15)	Street or P. O. Box: P.O. Box 111 City, Town, or Village: Minneapolis State: Minnesota Country: USA Zip Code: 55440-1111		
8. Site Contact Person (page 15)	First Name: Jennifer MI: R Last Name: Rymanowski Phone Number: 612-304-4417 Extension: _____ Email address: Jennifer.Rymanowski@target.com		
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: Target Corporation Date Became Operator (mm/dd/yyyy): 10-9-94 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Legal Owner: Target Corporation Date Became Owner (mm/dd/yyyy): 10-9-94 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

 Received
 DEC 30 2005

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>Same as #7</u>	
	City, Town, or Village:	
	State:	
	Country:	Zip Code:

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

~~Y~~ ☒ ~~N~~ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

- Y ☐ N ☒ d. United States Importer of Hazardous Waste
- Y ☐ N ☒ e. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒ 2. Transporter of Hazardous Waste

Y ☐ N ☒ 3. **Treater, Storer, or Disposer of Hazardous Waste (at your site)** Note: A hazardous waste permit is required for this activity.

Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your site)

Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☒ 1. Used Oil Transporter

If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002					

Various retail broken items
(detergent, oil, fertilizer, aerosols, etc...)

Signature of operator, owner, or an authorized representative

Date Signed
(mm/dd/yyyy)

Henrietta Lyman

Jennifer Rymanowski

Nat'l Environmental Compliance Mgr

12-29-05

TARGET STORE NO 0887
P O BOX 111
MINNEAPOLIS, MN 55440-0111
ATTN: JENNIFER RYMANOWSKI



**ACKNOWLEDGMENT OF RCRA SUBTITLE C
SITE IDENTIFICATION FORM**

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D.Number: TXR000026393

Facility Name and Address: TARGET STORE NO 0887
4510 GARTH ROAD
BAYTOWN, TX 77521

January 24, 2006

0220 0000 1980

478A.TXR000026393 0001
TARGET NUMBER 0887
BAYTOWN TX 77521



\$000217251 HZ/RC/NT

0220 0000 1981



**ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA ID. NUMBER

+ TXR000026393

04/16/98

INSTALLATION ADDRESS

TARGET NO 0887
4510 GARTH RD
BAYTOWN, TX 77521
SHANNON ROSEBERRY STORE HGB

4510 GARTH RD
BAYTOWN, TX 77521

EPA Form 8700-12A (9-88)

NEW

25x10

0220 0000 1982

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

EPA Notification of Regulatory Waste Activity		Date Received (For Official Use Only) MAR 30 1982 MW3-30-82	
I. Installation's EPA ID Number (Mark 'X' in the appropriate box)			
<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number	
		TXR000026393	
II. Name of Installation (Include company and specific site name)			
TARGET #0887			
III. Location of Installation (Physical address not P.O. Box or Route Number)			
Street			
4510 GARTH ROAD			
Street (Continued)			
City or Town		State	Zip Code
BAYTOWN		TX	77521-
County Code	County Name		
	HARRIS		
IV. Installation Mailing Address (See Instructions)			
Street or P.O. Box			
4510 GARTH ROAD			
City or Town		State	Zip Code
BAYTOWN		TX	77521-
V. Installation Contact (Person to be contacted regarding waste activities at site)			
Name (Last)		(First)	
ROSBERRY		SHANNON	
Job Title		Phone Number (Area Code and Number)	
STORAGE MANAGER		281-427-0265	
VI. Installation Contact Address (See Instructions)			
A. Contact Address Location Mailing Other		B. Street or P.O. Box	
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		4510 GARTH ROAD	
City or Town		State	Zip Code
BAYTOWN		TX	77521-
VII. Ownership (See Instructions)			
A. Name of Installation's Legal Owner			
DAYTON-HUNSON			
B. Street, P.O. Box, or Route Number			
33 SOUTH 6TH STREET PO BOX 1352			
City or Town		State	Zip Code
MINNEAPOLIS		MN	55440-1352
Phone Number (Area Code and Number)		B. Land Type C. Owner Type D. Change of Owner (Date Changed) Month Day Year	
612-304-1073		P P No X No	

EPA Form 8700-12 (Rev. 11-30-83) Previous edition is obsolete.

F-17

Continued on Reverse

25x10

0220 0000 1983

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 8250-0228 Expires 2-30-85
GSA No. 6246-EPA-07

ID # For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Refinery <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Used Oil Fuel Markers <input type="checkbox"/> a. Marketer Develops Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Cleans the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic constituent(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D001

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
<i>Sharon N. Leary</i>	Sharon N. Leary, State Manager	2-11-83

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3070 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

1X 0988078564

II. Name of Installation (Include company and specific site name)

FURROW BUILDING MATERIALS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

4624 GARTH ROAD

Street (continued)

City or Town

BAY TOWN

State

TX

ZIP Code

77521

County Code

011

County Name

CHAMBERS / HARRIS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 419466

City or Town

KANSAAS CITY

State

MO

ZIP Code

64141

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

MCKEE

(first)

DAVE

Job Title

LOSS PREVENTION

Phone Number (area code and number)

816-234-6000

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing



B. Street or P.O. Box

P O BOX 419466

City or Town

KANSAAS CITY

State

MO

ZIP Code

64141

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

PAYLESS CASHWAYS INC.

Street, P.O. Box, or Route Number

P O BOX 419466

City or Town

KANSAAS CITY

State

MO

ZIP Code

64141

Phone Number (area code and number)

816-234-6000

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

ID: For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See instructions)
- ☐ a. Greater than 1000 kg/mo (2200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
3. Treater, Storer, Disposer (at installation)
- Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - Indicate device(s) - Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
- ☐

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes: Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) 2. Corrosive (D002) 3. Reactive (D003) 4. Toxicity Characteristic (D000)

☒☒☒☒☐☐☐☐☐☐☐☐

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic container(s))

B. Listed Hazardous Wastes: (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes: (State or other wastes requiring an ID number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

Mr. Dave McKee/Director of Loss Prevention

Date Signed

8/10/92

XI. Comments

This business (Building Materials Retailer), does not have a consistent waste stream. Small quantities of hazardous waste may be generated as a result of sporadic, accidental spills of consumer packaged products.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

DATA CHANGES

EPA IDENTIFICATION NUMBER/C101=12

TXD 149967853

TWC #/C116=6

PREPARER

A.L.

DATE

7.5.88

Facility Name/C104=40

WAL-MART STORES INC

Mailing Address/C106=30

702 SW 8TH ST

County/C114=3

City/C107=25

ST/C108=2

Zip/C109=5

Facility Contact Person/C105=30

WHEELER GENE MGR

Ownership Code/C102

Location Address/C110=30

4900 GARTH RD

ST Dist/C115=2

City/C111=25

ST/C112=2

Zip/C109=5

Owner's Name/C1503=40

WAL-MART STORES

GEN TRN TSD UIC

C1105

C305

Other

Other

Telephone/C113=10

Waste Codes to be added/C2701

Waste Codes to be deleted/C2701

Process Codes- Add - Delete - Change

C1801=3

C1802=13

C1803=1 C1804=1

C1801=3

C1802=13

C1803=1 C1804=1

C1801=3

C1802=13

C1803=1 C1804=1

Other Coding as necessary

Entered by: RF 7/25/88

Date Entered:

QC: AC 7.28.88 File Code:

C

W

T/A C

1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

1. Ignitable
(D001)2. Corrosive
(D002)3. Reactive
(D003)4. Toxic
(D000)**XI. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature

Name and Official Title (type or print)

Date Signed



GENE WHEELER MGR

2-26-87

February 26, 1987

74080

Texas Water Commission
Hazardous and Solid Waste Division
1700 North Congress
P.O. Box 13087 Capitol Station
Austin, TX 78711

Re: Application for EPA Federal I.D. Number
Wal-Mart Stores, Inc.
4900 Garth Road
Baytown, TX 77520

Dear Sir:

In compliance with the Federal and State regulations concerning management of hazardous wastes, we are asking you to supply us with a federal and/or state E.P.A. identification number as soon as possible.

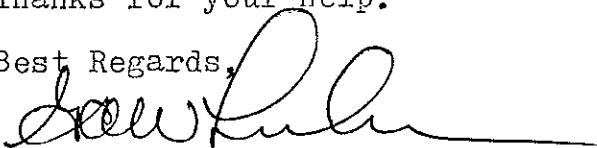
The waste products we will be dealing with include used motor oil, used batteries, spent cleaning solvents and other solid non-hazardous wastes.

Our current store policy is to sell the used oil and used batteries to a recycling company, and we have a national contract with Safety Kleen for our parts washing solvent. According to the federal EPA regulations, none of these products are considered regulated wastes due to the recycling of the materials. However, we do recognize that some parts of your states law will necessitate our having EPA and/or state identification numbers.

Please advise us if you have any questions regarding this application.

Thanks for your help.

Best Regards,


Gene Wheeler
TBA Manager
Store No. 06-0194



11183/101 TR